U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1 / 1 / 2005 Through: 12 / 31 / 2005 | |
|--|--|
| 4. Name, file number, and address of labor organization. | |
| Name Brotherhood Maintenance of Way Employes | |
| Labor Organization File Number 018410 | |
| P.O. Box, Building and Room Number, if any Suite 320 | |
| Street 20300 Civic Center Dr. | |
| City Southfield | |
| State Texas ZIP Code + 4 48076-4619 | |
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize | or derived income or other economic benefit of ation represents or is actively seeking to represent. | |
|---|--|--|
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | |
| Name Union Pacific Railroad Company | Reimbursed travel expenses to attend Safety Assurance Compliance Program Meetings "SACP" | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| | 7.b. Amount. | |
| Street 1400 Douglas Street STOP 0710 | | |
| City Omaha | \$4,325 | |
| State Nebraska ZIP Code + 4 68179 | | |

Signature

| 15. Signature and verification. The undersigned declares, under per | naity of Perjury and other applicable pr | manues of the law, that all of the information |
|--|---|---|
| submitted in this report (including the information contained in any acc | ompanying documents), has been exa | mined by the signatory and is, to the best of the |
| undersigned's knowledge and belief, true, correct, and complete. (See | e the section on penalties in the instruc | ctions.) |
| Signate D. Airobe | | |
| Signed I Will Charles | On 3/21/2006 | 201-031-4442 |

Date

Telephone Number